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PTO/SB/21 (09-06)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/721,764	
	Filing Date	November 1, 2003	
	First Named Inventor	Bedard, Stephane	
	Art Unit	3738	
	Examiner Name	David H. Willse	
Total Number of Pages in This Submission	13	Attorney Docket Number	14206/67101-B

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Devine, Millimet & Branch, P.A.		
Signature			
Printed name	Paul C. Remus		
Date	February 21, 2007	Reg. No.	37,221

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Stephane Bedard
Serial No.: 10/721,764

Art Unit : 3738
Examiner : DAVID H
WILLSE
Docket No.: 14206/67101-B

Filed : 11/25/2006
Title : Actuated Prosthesis Amputees

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Response to Office Action

Sir:

This is a response to the Office Action mailed June 30, 2006 and the Notice of Non-Compliant mailed February 6, 2007 in the captioned matter.

The Applicant hereby submits an amended Listing of Claims listing the text of all pending claims, including withdrawn claims.

A three-month extension of term for response was filed with the previous response. In the event any further fees are deemed necessary to be paid, the Commissioner is authorized to debit Deposit Account No. 04-0932.

Amended specification start at page 2 of this paper.

Amended claims start at page 4 of this paper.

Remarks begin at page 10 of this paper.

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Carol Andrews
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